

CLAIMS ONLY							Application Number <i>09/836,870</i>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED <i>2-7-05</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1					51			
2						52			
3	X					53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29	X					79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	5					Total Indep			
Total Depend	22	←	←	←		Total Depend	←	←	←
Total Claims	27					Total Claims			